

Supplementary table 1. Characteristics of patients with Lynch syndrome.

Characteristic	Germline MMR gene mutation (n=312)			
	<i>MLH1</i>	<i>MSH2</i>	<i>MSH6</i>	<i>PMS2</i>
Probands –no.	114	129	40	29
Male gender –no. (%)	38/82 (46.3)	46/93 (49.5)	24/32 (75.0)	17/28 (60.7)
Age (years.) ^a	47.2 ± 11.7	46.4 ± 12.2	53.8 ± 16.6	50.1 ± 12.6
Proximal CRC –no. (%) ^{b,c}	55/78 (70.5)	50/86 (58.1)	10/23 (43.5)	14/20 (70.0)
Mucinous CRC –no. (%) ^b	16/78 (20.5)	24/81 (29.6)	7/24 (29.2)	5/18 (27.8)
Synchronous or metachronous CRC –no. (%) ^b	21/86 (24.4)	23/95 (24.2)	5/35 (15.6)	1/28 (3.6)
Metachronous Lynch syndrome-related tumor (CRC excluded) –no. (%) ^{b,d}	6/114 (5.3)	12/129 (9.3)	- (-)	3/29 (10.3)
At least one first-degree relative with CRC –no. (%) ^b	57/113 (50.4)	64/126 (50.8)	5/40 (12.5)	5/29 (17.2)
Fulfillment of at least one criterion of revised Bethesda guidelines –no. (%) ^b	83/86 (96.5)	89/97 (91.8)	19/32 (59.4)	23/28 (82.1)
Fulfillment of Amsterdam I criteria –no. (%) ^b	17/97 (17.5)	21/125 (16.8)	2/40 (5.0)	1/29 (3.4)
Fulfillment of Amsterdam II criteria –no. (%) ^b	40/114 (35.1)	42/129 (32.6)	2/40 (5.0)	1/29 (3.4)
Loss of MMR protein expression –no. (%) ^b	75/80 (93.8)	117/121 (96.7)	29/32 (90.6)	28/29 (96.5)
Tumor MSI-high –no. (%) ^b	73/76 (96.0)	88/92 (95.7)	24/26 (92.3)	20/21 (95.2)

MMR, mismatch repair; CRC, colorectal cancer; MSI, microsatellite instability.

^aExpressed as mean ± standard deviation.

^bProbands fulfilling the corresponding condition (reflected in the numerator) with respect to those in whom this variable could be evaluated (reflected in the denominator).

^cWith respect to the splenic flexure.

^dLynch syndrome-related tumors: colorectal, endometrial, ovarian, gastric, hepatobiliary, small-bowel, urinary tract, pancreatic, and brain cancer.

Supplementary table 2. Distribution of germline mismatch repair gene mutations according to the age at colorectal cancer diagnosis^a.

Age at diagnosis	Evaluable probands -no.	Germline MMR gene mutation -no. (%)	Distribution of patients with mutations according to age at diagnosis	Distribution of patients with mutations according to age at diagnosis (cumulative)
<15 years	0	0 (0.0)	-	-
15 to 20 years	1	0 (0.0)	-	-
21 to 25 years	4	1 (25.0)	1.2%	1.2%
26 to 30 years	16	3 (18.7)	3.7%	4.9%
31 to 35 years	29	7 (24.1)	8.5%	13.4%
36 to 40 years	67	7 (10.4)	8.5%	21.9%
41 to 45 years	111	7 (6.3)	8.5%	30.5%
46 to 50 years	212	12 (5.7)	14.6%	45.1%
51 to 55 years	299	4 (1.3)	4.9%	50.0%
56 to 60 years	351	15 (4.3)	18.3%	68.3%
61 to 65 years	449	8 (1.8)	9.8%	78.0%
66 to 70 years	586	6 (1.0)	7.3%	85.4%
71 to 75 years	611	5 (0.8)	6.1%	91.5%
76 to 80 years	518	3 (0.6)	3.7%	95.1%
81 to 85 years	275	4 (1.4)	4.9%	100%
86 to 90 years	118	0 (0.0)	-	-
91 to 95 years	18	0 (0.0)	-	-
96 to 100 years	4	0 (0.0)	-	-
>100 years	2	0 (0.0)	-	-
Total	3,671	82 (2.2)	100%	100%

MMR, mismatch repair.

^aThis analysis was limited to population-based cohorts (n=3,671 probands).

Supplementary table 3. Performance characteristics of selected strategies for the identification of patients with Lynch syndrome in the overall series^a.

Selected strategy		Evaluable probands ^b -no.	Probands requiring tumor MMR testing ^c -no. (%)	Probands requiring germline MMR gene analysis ^d -no. (%)	Germline MMR gene mutation							
					Se -no.; % (95% CI)	Sp -no.; % (95% CI)	PPV -no.; % (95% CI)	NPV -no.; % (95% CI)	Diagnostic yield ^e -no.; % (95% CI)	p-value ^f	Incremental diagnostic yield ^g -%	False positive yield ^h -no.; % (95% CI)
Tumor MMR testing in CRC patients fulfilling the following condition:	At least one criterion of revised Bethesda guidelines	8,644	3,886 (45.0)	547 (6.3)	202/233; 86.7% (82.1-91.2%)	8,066/8,411; 95.9% (95.4-96.3%)	202/547; 36.9% (32.7-41.0%)	8,066/8,097; 99.6% (99.4-99.7%)	202/8,644; 2.3% (2.0-2.6%)	<.001	-	345/8,644; 4.0% (3.5-4.4%)
	Multivariate model ⁱ	8,612	4,579 (53.2)	502 (5.8)	206/233; 88.4% (84.0-92.7)	8,083/8,379; 96.5% (96.0-96.8%)	206/502; 41.0% (36.6-45.4%)	8,083/8,110; 99.7% (99.5-99.8%)	206/8,612; 2.4% (2.0-2.7%)	<.001	0.06	296/8,612; 3.4% (3.0-3.8%)
	Jerusalem recommendations ⁱ	8,591	6,658 (77.5)	698 (8.1)	211/229; 92.1% (88.4-95.8%)	7,875/8,362; 94.2% (93.6-94.6%)	211/698; 30.2% (26.4-33.7%)	7,875/7,893; 99.8% (99.6-99.9%)	211/8,591; 2.5% (2.1-2.8%)	.04	0.06	487/8,591; 5.6% (5.1-6.1%)
	Jerusalem recommendations ⁱ or at least one criterion of revised Bethesda guidelines	8,638	7,053 (81.7)	777 (9.0)	223/233; 95.7% (92.8-98.5%)	7,851/8,405; 93.4% (92.8-93.9%)	223/777; 28.7% (25.4-31.9%)	7,851/7,861; 99.9% (99.7-99.9%)	223/8,638; 2.6% (2.2-2.9%)	.09	0.1	554/8,638; 6.4% (5.9-6.9%)
Tumor MMR testing in any given CRC patient (universal strategy)		9,701	9,701 (100)	1,068 (11.0)	289/301; 96.0% (93.6-98.3%)	8,621/9,400; 91.7% (91.1-92.2%)	289/1,068; 27.1% (24.3-29.7%)	8,621/8,633; 99.9% (99.7-99.9%)	289/9,701; 2.9% (2.6-3.3%)	Ref.	0.4	779/9,701; 8.0% (7.4-8.5%)

MMR, mismatch repair; Se, sensitivity; Sp, specificity; PPV, positive predictive value; NPV, negative predictive value; PLR, positive likelihood ratio; NLR, negative likelihood ratio; 95% CI, 95% confidence interval; CRC, colorectal cancer.

^aThis analysis was done including both population- and non-population-based cohorts.

^bProbands in whom the corresponding strategy could be assessed.

^cProbands requiring tumor MMR testing in each strategy, with respect to those in whom it could be assessed.

^dProbands requiring germline MMR gene analysis because of the demonstration of tumor MMR deficiency in each strategy, with respect to those in whom it could be assessed.

^eDiagnostic yield refers to probands requiring germline MMR gene analysis in whom a mutation was found.

^fMatthews correlation coefficient comparison of diagnostic yield with respect to the universal strategy.

^gCompared with the next least intensive strategy.

^hFalse positive yield refers to probands requiring germline MMR gene analysis in whom no mutation was found.

ⁱAge at CRC diagnosis \leq 70 years-old.

^jDefined as fulfillment of at least one of the following characteristics: CRC diagnosed at age of 60 or younger, at least one first-degree relative with CRC diagnosed at age of 50 or younger, or personal history of metachronous Lynch syndrome-related tumors diagnosed at age of 50 or younger.

Supplementary table 4. Performance characteristics of selected strategies for the identification of patients with Lynch syndrome, according to the mismatch repair gene mutated in overall series^a

MMR gene	Selected strategy		Evaluable probands ^b -no.	Probands requiring tumor MMR testing ^c -no. (%)	Probands requiring germline MMR gene analysis ^d -no. (%)	Germline MMR gene mutation						
						Se -no.; % (95% CI)	Sp -no. ; % (95% CI)	PPV -no. ; % (95% CI)	NPV -no. ; % (95% CI)	PLR (95% CI)	NLR (95% CI)	p-value ^e
<i>MLH1</i>	Tumor MMR testing in CRC patients fulfilling the following condition:	At least one criterion of revised Bethesda guidelines	8,357	3,676 (43.9)	338 (4.0)	77/81; 95.1% (89.7-100%)	8,015/8,276; 96.8% (96.4-97.2%)	77/338; 22.8% (18.1-27.4%)	8,015/8,019; 100% (99.9-100%)	29.6 (26.4-34.3)	0.05 (0.02-0.1)	<.001
		Jerusalem recommendations ^f	8,307	6,397 (77.0)	439 (5.3)	76/80 ; 95.0% (89.6-100%)	7,864/8,227; 95.6% (95.1-96.0%)	76/439; 17.3% (13.6-20.9%)	7,864/7,868; 99.9% (99.8-100%)	21.5 (19.2-24.0)	0.05 (0.02-0.1)	<.001
		Jerusalem recommendations ^f or at least one criterion of revised Bethesda guidelines	8,351	6,781 (81.2)	507 (6.1)	79/81; 97.5% (93.5-100%)	7,842/8,270; 94.8% (94.3-95.3%)	79/507; 15.6% (12.3-18.8%)	7,842/7,844; 100% (99.9-100%)	18.7 (17.0-20.8)	0.02 (0.01-0.1)	<.001
		Multivariate model ^g	8,325	4,354 (52.3)	279 (3.4)	73/81; 90.1% (83.0-97.2%)	8,038/8,244; 97.5% (97.1-97.8%)	73/279; 26.2% (20.8-31.5%)	8,038/8,046; 99.9% (99.8-99.9%)	36.0 (30.9-42.0)	0.1 (0.05-0.2)	<.001
	Tumor MMR testing in any given CRC patient (universal strategy)		9,347	9,347 (100)	722 (7.7)	103/108; 95.4% (90.9-99.8%)	8,620/9,239; 93.3% (92.7-93.8%)	103/722; 14.3% (11.6-16.8%)	8,620/8,625; 99.9% (99.8-100%)	14.2 (130-15.5)	0.05 (0.02-0.1)	Ref.
<i>MSH2</i>	Tumor MMR testing in CRC patients fulfilling the following condition:	At least one criterion of revised Bethesda guidelines	7,938	3,499 (44.0)	162 (2.0)	88/96; 91.7% (85.6-97.7%)	7,768/7,842; 99.1% (98.8-99.2%)	88/162; 54.3% (46.3-62.3%)	7,768/7,776; 99.9% (99.8-99.9%)	101.8 (76.8-122.8)	0.08 (0.04-0.1)	<.001
		Jerusalem recommendations ^f	7,892	6,138 (77.7)	180 (2.3)	88/93; 94.6% (89.5-99.7%)	7,707/7,799; 98.8% (98.5-99.0%)	88/180; 48.9% (41.3-56.4%)	7,707/7,712; 99.9% (99.8-100%)	78.8 (65.1-98.8)	0.05 (0.02-0.1)	<.001
		Jerusalem recommendations ^f or at least one criterion of revised Bethesda guidelines	7,933	6,470 (81.5)	196 (2.5)	95/96; 99.0% (96.4-100%)	7,736/7,837; 98.7% (98.4-98.9%)	95/196; 48.5% (41.2-55.7%)	7,736/7,737; 100% (99.9-100%)	76.1 (63.1-93.3)	0.01 (0.0-0.07)	<.001
		Multivariate model ^g	7,910	4,233 (53.5)	158 (2.0)	91/96; 94.8% (89.8-99.7%)	7,747/7,814; 99.1% (98.9-99.3%)	91/158; 57.6% (49.5-65.6%)	7,747/7,752; 99.9% (99.8-100%)	105.3 (86.7-140.9)	0.05 (0.02-0.1)	<.001
	Tumor MMR testing in any given CRC patient (universal strategy)		8,896	8,896 (100)	273 (3.1)	125/128; 97.7% (94.6-100%)	8,620/8,768; 98.3% (98.0-98.6%)	125/273; 45.8% (39.6-51.8%)	8,620/8,623; 100% (99.9-100%)	54.1 (49.2-68.0)	0.02 (0.01-0.07)	Ref.
<i>MSH6</i>	Tumor MMR testing in CRC patients fulfilling the following condition:	At least one criterion of revised Bethesda guidelines	7,806	3,382 (43.3)	47 (0.6)	14/28; 50.0% (29.7-70.3%)	7,745/7,778; 99.6% (99.4-99.7%)	14/47; 29.8% (15.6-43.9%)	7,745/7,759; 99.8% (99.7-99.9%)	125.0 (71.2-194.9)	0.5 (0.3-0.7)	<.001
		Jerusalem recommendations ^f	7,765	6,016 (77.4)	62 (0.8)	22/28; 78.6% (61.6-95.5%)	7,697/7,737; 99.6% (99.3-99.6%)	22/62; 35.5% (22.7-48.2%)	7,697/7,703; 99.9% (99.8-99.9%)	157.2 (105.5-218.8)	0.2 (0.1-0.4)	.537
		Jerusalem recommendations ^f or at least one criterion of revised Bethesda guidelines	7,803	6,342 (81.2)	73 (0.9)	23/28; 82.1% (66.1-98.1%)	7,725/7,775; 99.3% (99.1-99.5%)	23/73; 31.5% (20.1-42.8%)	7,725/7,730; 99.9% (99.8-100%)	117.0 (92.2-176.9)	0.1 (0.08-0.4)	.257

		Multivariate model ^g	7,780	4,118 (52.9)	47 (0.6)	17/28; 60.7% (40.8-80.6%)	7,722/7,752; 99.6% (99.4-99.7%)	17/47; 36.2% (21.3-50.9)	7,722/7,733; 99.9% (99.7-99.9)	151.7 (98.5-249.8)	0.4 (0.2-0.6)	<.001
		Tumor MMR testing in any given CRC patient (universal strategy)	8,729	8,729 (100)	111 (1.3)	33/36; 91.7% (81.2-100%)	8,615/8,693; 99.1% (98.9-99.3%)	33/111; 29.7% (20.7-38.8%)	8,615/8,618; 100% (99.9-100%)	101.8 (80.2-130.1)	0.08 (0.03-0.2)	Ref.
PMS2	Tumor MMR testing in CRC patients fulfilling the following condition:	At least one criterion of revised Bethesda guidelines	7,756	3,369 (43.4)	37 (0.5)	23/28; 82.1% (66.1-98.1%)	7,714/7,728; 99.8% (99.7-99.9%)	23/37; 62.2% (45.1-79.1%)	7,714/7,719; 99.9% (99.8-100%)	410.5 (261.3-786.7)	0.1 (0.08-0.4)	.096
		Jerusalem recommendations ^f	7,719	5,996 (77.6)	44 (0.6)	25/28; 89.3% (76.0-100%)	7,672/7,691; 99.8% (99.6-99.9%)	25/44; 56.8% (41.0-72.6%)	7,672/7,675; 100% (99.9-100%)	446.5 (226.5-576.5)	0.1 (0.04-0.3)	.161
		Jerusalem recommendations ^f or at least one criterion of revised Bethesda guidelines	7,756	6,312 (81.3)	46 (0.6)	26/28; 92.9% (81.5-100%)	7,708/7,728; 99.7% (99.6-99.8%)	26/46; 56.5% (41.1-71.9%)	7,708/7,710; 100% (99.9-100%)	309.6 (228.8-562.4)	0.07 (0.02-0.2)	.002
		Multivariate model ^g	7,734	4,109 (53.1)	40 (0.5)	25/28; 89.3% (76.0-100%)	7,691/7,706; 99.8% (99.7-99.9%)	25/40; 62.5% (46.2-78.7%)	7,691/7,694; 100% (99.9-100%)	446.5 (272.2-772.7)	0.1 (0.04-0.3)	<.001
			Tumor MMR testing in any given CRC patient (universal strategy)	8,662	8,662 (100)	55 (0.6)	28/29; 96.6% (88.2-100%)	8,606/8,633; 99.7% (99.5-99.8%)	28/55; 50.9% (36.8-65.0%)	8,606/8,607; 100% (99.9-100%)	322.0 (210.5-452.7)	0.03 (0.01-0.2)

MMR, mismatch repair; Se, sensitivity; Sp, specificity; PPV, positive predictive value; NPV, negative predictive value; PLR, positive likelihood ratio; NLR, negative likelihood ratio; 95% CI, 95% confidence interval; CRC, colorectal cancer.

^aThis analysis was done including both population- and non-population-based cohorts.

^bProbands in whom the corresponding strategy could be assessed.

^cProbands requiring tumor MMR testing in each strategy, with respect to those in whom it could be assessed.

^dProbands requiring germline MMR gene analysis because of the demonstration of tumor MMR deficiency in each strategy, with respect to those in whom it could be assessed.

^eWith respect to universal strategy (comparing Mathews correlation coefficients).

^fAge at CRC diagnosis \leq 70 years-old.

Supplementary note. Investigators of the EPICOLON Consortium.

Hospital Clínic, Barcelona: Antoni Castells (local coordinator), Francesc Balaguer, Leticia Moreira, Sergi Castellví-Bel, Virgínia Piñol, Victoria Gonzalo, Teresa Ocaña, María Pellisé, Miriam Cuatrecasas, María Dolores Giráldez, Anna Serradesanferm, Josep M. Piqué; Parc de Salut Mar, Barcelona: Montserrat Andreu (local coordinator), Xavier Bessa, Anna Abulí, Mar Iglesias, Agustín Seoane, Felipe Bory, Gemma Navarro, Beatriz Bellosillo, Josep M^a Dedeu, Cristina Álvarez, Marc Puigvehí; Hospital 12 de Octubre, Madrid: Juan Diego Morillas (local coordinator), Raquel Muñoz, Marisa Manzano, Francisco Colina, Jose Díaz, Carolina Ibarrola, Guadalupe López, Alberto Ibáñez; Hospital Clínico Universitario, Zaragoza: Ángel Lanas (local coordinator), Javier Alcedo, Javier Ortego; Hospital Cristal-Piñor, Complejo Hospitalario de Ourense: Joaquín Cubiella (local coordinator), M^a Soledad Díez, Mercedes Salgado, Eloy Sánchez, Mariano Vega; Hospital San Eloy, Baracaldo and Hospital Donostia, CIBERehd, University of Country Basque, San Sebastián: Luis Bujanda (local coordinator) Ángel Cosme, Inés Gil, Mikel Larzabal, Carlos Placer, María del Mar Ramírez, Elisabeth Hijona, Jose M. Enríquez-Navascués, Jose L. Elosegui; Hospital General Universitario de Alicante: Artemio Payá (EPICOLON phase 1 local coordinator), Rodrigo Jover (EPICOLON phase 2 local coordinator), Cristina Alenda, Laura Sempere, Nuria Acame, Estefanía Rojas, Lucía Pérez-Carbonell; Hospital General de Granollers: Joaquim Rigau (local coordinator), Ángel Serrano, Anna Giménez; Hospital General de Vic: Joan Saló (local coordinator), Eduard Batiste-Alentorn, Josefina Autonell, Ramon Barniol; Hospital General Universitario de Guadalajara and Fundación para la Formación e Investigación Sanitarias, Murcia: Ana María García (local coordinator), Fernando Carballo, Antonio Bienvenido, Eduardo Sanz, Fernando González, Jaime Sánchez, Akiko Ono; Hospital General Universitario de Valencia: Mercedes Latorre (local coordinator), Enrique Medina, Jaime Cuquerella, Pilar Canelles, Miguel Martorell, José Ángel García, Francisco Quiles, Elisa Orti; CHUVI-Hospital Meixoeiro, Vigo, EPICOLON phase 1: Juan Clofent (local coordinator), Jaime Seoane, Antoni Tardío, Eugenia Sanchez; EPICOLON phase 2: M^a Luisa de Castro (local coordinator), Antoni Tardío, Juan Clofent, Vicent Hernández; Hospital Universitari Germans Trias i Pujol, Badalona: Xavier Llor (local coordinator), Rosa M. Xicola, Marta Piñol, Mercè Rosinach, Anna Roca, Elisenda Pons, José M. Hernández, Miquel A. Gassull; Hospital Universitari Mútua de Terrassa: Fernando Fernández-Bañares (local coordinator), Josep M. Viver, Antonio Salas, Jorge Espinós, Montserrat Forné, Maria Esteve; Hospital Universitari Arnau de Vilanova, Lleida: Josep M. Reñé (local coordinator), Carmen Piñol, Juan Buenestado, Joan Viñas; Hospital Universitario de Canarias: Enrique Quintero (local coordinator), David Nicolás, Adolfo Parra, Antonio Martín; Hospital Universitario La Fe, Valencia: Lidia Argüello (local coordinator), Vicente Pons, Virginia Pertejo, Teresa Sala; Hospital Sant Pau, Barcelona: Dolors Gonzalez (local coordinator), Eva Roman, Teresa Ramon, Maria Poca, M^a Mar Concepción, Marta Martin, Lourdes Pétriz; Hospital Xeral Cies, Vigo: Daniel Martinez (local coordinator); Fundacion Publica Galega de Medicina Xenomica (FPGMX), CIBERER, Genomic Medicine Group-University of Santiago de Compostela, Santiago de Compostela: Ángel Carracedo (local coordinator), Clara Ruiz-Ponte, Ceres Fernández-Rozadilla, M^a Magdalena Castro; Hospital Universitario Central de Asturias: Sabino Riestra (local coordinator), Luis Rodrigo; Hospital de Galdácano, Vizcaya: Javier Fernández (local coordinator), Jose Luis Cabriada; Fundación Hospital de Calahorra, La Rioja: Luis Carreño (local coordinator), Susana Oquiñena, Federico Bolado; Hospital Royo Villanova, Zaragoza: Elena Peña (local coordinator), José Manuel Blas, Gloria Ceña, Juan José Sebastián; Hospital Universitario Reina Sofía, Córdoba: Antonio Naranjo (local coordinator).